Silsbee ISD Booster Club/PTO Information Sheet

Send an updated copy of this form to the Director of Business & Finance and to your School Principal or Administrator as new officers are elected or as information changes.

1. **Official Booster Club/PTO Name:** _____
2. **School Name:** _____
3. **Sponsor's Name:** _____ **Phone #:** _____
4. **Taxpayer Identification Number:** _____
5. **Official Mailing Address:**

   PO Box / Street Address: _____

   _____

   City, State & Zip Code: _____
6. **Date of Change:** _____ (If election; Date held: _____ / _____ / _____)
7. **Current Booster Club/PTO Officers for the School Year**

Office Held:			
Printed Name:			
Mailing Address:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Mailing Address:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

★ *By law, information on this page is subject to public information law and may have to be released to the public if requested.* ★

Send an updated copy of this form to the Director of Business & Finance and to your School Principal or Administrator as new officers are elected or as information changes.

7. Current Booster Club/PTO Officers (Continued)

Office Held:			
Printed Name:			
Mailing Address:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Mailing Address:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			

Office Held:			
Printed Name:			
Mailing Address:			
Phone Numbers:	Hm:	Wk:	Cell:
E-mail Address:			